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Application Number	10/576,906
Filing Date	02/14/2007
First Named Inventor	Bartholomeusz, et al.
Art Unit	1648
Examiner Name	BOESEN, AGNIESZKA
Attorney Docket Number	071838.0163

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SOUTHERN HEALTH SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

PROFESSOR INGRID WINSHIP

Telephone

NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.

☐ Total of _____ forms are submitted.

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